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### UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

Charitta Burt, Paralegal

U. S. Application No. 10/50,099

Publication Date 10.9.03

Publication No. WO 03, 083988 PCT/RO/101

Copy of ISR \_\_\_\_\_, Copy of IPER \_\_\_\_\_

Assignee information:

Priority Info: Country CA No. PCT/CA02/02423 date 3.28.02 MORE (turn over)

Correspondence checked: 33361

Inventor Name checked: F Loftoflan

L SHAFAT

Inventor Residence city: Manitoba, state and/or country CA citizenship: CA

International Application No. PCT CA03, 00446 Language Eng

Copy of ISR: 0

Copy in International Application: ✓; Translation: yes \_\_\_\_\_ no \_\_\_\_\_ spec. page no. \_\_\_\_\_

371 Filing Fees 1080; meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: 18 Chargeable 19 Independent 2 multiple 420

Number of drawing Sheets: 2 Foreign language: \_\_\_\_\_

Oath/Declaration: ✓; signed ✓ unsigned \_\_\_\_\_ defective \_\_\_\_\_ completed 9.27.04

Small entity fee: \_\_\_\_\_; SME papers: yes \_\_\_\_\_ no \_\_\_\_\_

Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

References \_\_\_\_\_

Copy of IPER: \_\_\_\_\_; Annexes: \_\_\_\_\_ entered \_\_\_\_\_ not entered \_\_\_\_\_

Preliminary Amendment(s): ✓ date: 9.27.04; 2<sup>nd</sup> amendment date \_\_\_\_\_

IDS: \_\_\_\_\_ DATE: \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ DATE: \_\_\_\_\_

Request for Immediate Examination: \_\_\_\_\_

Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_

Assignment: ✓ forwarded to Assignment branch date: 4.15.05

Priority Document(s): ✓ date 9.27.04; Number of copies included 2

Power of Attorney: ✓

Abstract: ✓, Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_

Date of 35 USC Receipt of Request: 9.27.04 Notes: \_\_\_\_\_

Date Completion USC 371 Requirements: 9.27.04

Notice of Missing Requirements: 4.15.05

Notice of Defective Response: \_\_\_\_\_

Notice of Acceptance: 4.15.05

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_; Petition 1.47: \_\_\_\_\_

Other forms: \_\_\_\_\_ Extension of time: Number of months \_\_\_\_\_

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